

Howard County's Behavioral Health Task Force: Super Users Work Group

January 7, 2015

Administration Conference Room, Howard County General Hospital

Attending: Andy Angelino, Maura Rossman, Sue Song, Jordan Kurtzman, Andrea Ingram, Matt Levy, Connie Anguilino

Phone: Ayesha Holmes, Jessie Guercio, Karen Booth

Notes from the last meeting:

Last meeting focused on children and youth – points of entry – how does each define what a “super user”

Propose that we ask (frequency and intensity of care) how are clients (super users) identified – what is usual response (including referrals) – using points of entry

How are they providing services – determining actual condition

Adults

Entry points: ED and inpatient; (emergency petition or psych eval) Fire and Rescue (911 repeats)

Emergency Petitions, MCT, Law enforcement/DOJ/doc

Behavioral Health unit of Public Health

Community practitioners

Homeless (Grassroots) and (domiciled)

Couch surfers

Multiservice Center

DSS – Adult Protective Services

Insurance?

How many people are represented? Look at national data

Way to identify folks at their places of employment who are super using their time off and insurance benefits...not keeping jobs for very long...

Mental Health First Aide training for the community: raising awareness and removing stigma that would help bring those not identified but who are already seeing multiple practitioners to an entry point that might be helpful to convert to receiving well coordinated, accessible care.

Survey/interviews for entry points: defining super users and potential costs for behavioral health issues not somatic care

Premise: Super Users because they need to be and use services to be stable and those who are not getting what they need to be stable – probably because the system is failing them.

Themes/Profile of adult super user: comorbid mental illness and medical issues (i.e. diabetes); comorbid mental illness and substance abuse; mental illness and corrections system; Theme: non-English

speaking; unfamiliar with Howard County and/or American customs/processes; chronic pain, non-coordinated care; housing, abuse/trauma (repeat episodes versus one time)

Non-Medicaid insurance use – check with Steve about data collecting.

Connie: using existing data and systems
Link to services; coordination of care

Andy: what is timeframe for super use definition – catastrophic events trigger chronic customers who become super users either chronically or temporarily

Unique minority –

Output could be a case management/assessment process that helps sort out why super users are super using and if there are alternatives to assist the super user get the resources

Multidisciplinary team that does case review and problem solving.

PROCESS

One of our recommendations could be that after hours (5p-3am or after 11p for MCT) alternative for in person/walk care that is specific to behavioral health (like Patient Frist/Right Time for somatic care).

Coordinating silos of data from entry points-perhaps the Health Department can?

Next Meeting: January 14, 2015, 10:00 am

Howard County General Hospital's Administration Conference Room